

APPLICATION FOR EMPLOYMENT

Mednet Healthcare Technologies

Heartcare Services
Universal Medical Products

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual preference, or any other legally protected status.

PLEASE PRINT

POSITION(S) APPLIED FOR:		DATE OF APPLICATION:	
HOW DID YOU LEARN ABOUT US?			
<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> FRIEND	<input type="checkbox"/> INQUIRY	
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER: _____	
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
ADDRESS	NUMBER & STREET	CITY	STATE ZIP CODE
TELEPHONE NUMBER:		SOCIAL SECURITY NUMBER:	
BEST TIME TO CONTACT YOU AT THE ABOVE PHONE NUMBER IS:			
<input type="checkbox"/> MON _____ AM/PM	<input type="checkbox"/> TUE _____ AM/PM	<input type="checkbox"/> WED _____ AM/PM	<input type="checkbox"/> THU _____ AM/PM <input type="checkbox"/> FRI _____ AM/PM <input type="checkbox"/> SAT _____ AM/PM

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRE PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

HAVE YOU EVER FILED AN APPLICATION FOR EMPLOYMENT WITH MEDNET BEFORE? YES NO
IF YES, PLEASE GIVE DATE: _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO
IF YES, PLEASE GIVE DATE: _____

DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE? YES NO
IF YES, PLEASE STATE NAME AND RELATIONSHIP

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? *PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.* YES NO

DATE AVAILABLE FOR WORK: _____/_____/_____ WHAT IS YOUR DESIRED SALARY RANGE? _____

WHAT IS YOUR AVAILABILITY TO WORK? FULL-TIME PART-TIME TEMPORARY
PLEASE INDICATE SHIFT: 1 2 3
PLEASE INDICATE: MORNING AFTERNOON EVENING
PLEASE INDICATE DATES AVAILABLE: _____

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

CAN YOU TRAVEL IF A JOB REQUIRES IT? YES NO

HAVE YOU BEEN CONVICTED OR PLEAD GUILTY TO A MISDEMEANOR OR FELONY WITHIN THE PAST TEN (10) YEARS, AND IF SO, STATE THE CHARGE(S) AND CONVICTION DATES IN THE NOTES SECTION. YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:				
SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
UNDERGRADUATE SCHOOL				
GRADUATE/PROFESSIONAL				
OTHER (SPECIFY)				

WORK EXPERIENCE:

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EMPLOYER NAME & ADDRESS:	DATES EMPLOYED		WORK PERFORMED:
	FROM	TO	
TELEPHONE NUMBER(S):			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME & ADDRESS:	DATES EMPLOYED		WORK PERFORMED:
	FROM	TO	
TELEPHONE NUMBER(S):			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME & ADDRESS:	DATES EMPLOYED		WORK PERFORMED:
	FROM	TO	
TELEPHONE NUMBER(S):			
STARTING/PRESENT JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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COMMENTS (INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT):

DESCRIBE ANY SPECIALIZED SKILLS, TRAINING, APPRENTICESHIPS, EXTRA-CURRICULAR ACTIVITIES:

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:

(YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECTED STATUS)

ADDITIONAL INFORMATION (OTHER QUALIFICATIONS – SUMMARIZE SPECIAL JOB-RELATED SKILLS & QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE):

SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED):

PC/MAC
 SPREADSHEET

WORD PROCESSING
 TELEPHONE

LIST SOFTWARE PROGRAMS:

OTHER SKILLS:

PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? A REVIEW OF THE ACTIVITIES INVOLVED IN SUCH A JOB OR OCCUPATION HAS BEEN GIVEN. YES NO

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PROFESSIONAL REFERENCES (DO NOT INCLUDE FAMILY OR FRIENDS:				
	NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.				
2.				
3.				

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEIGN ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE

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